



Re-ImagineNation Competition Application Form

Please print in block capitals your details below.

Note: If you do not have access to a printer, you can copy the headings below onto a sheet of paper and include it in your envelope along with the artwork.

Child's Name: _____

Child's Age: _____

Full Address: _____

Name of Your Favourite Book: _____

Tell us why this is your favourite book using 20 words or less:

(You can write this in Irish or English)

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Please provide us with one of the following contact details so that we can contact you if your child is the winner.

Email Address: _____

Contact Number: _____

Date: _____

Please Note:

By completing and submitting this application form the parents/guardians of the winners are agreeing to the terms and conditions of this competition. Terms and conditions can be found at anpost.com/readerswanted.

Any contact details / personal data shared with us will only be used in conjunction with the competition and to contact winners.